

SPOTLIGHT PERFORMING ARTS REGISTRATION FORM



NAME OF CHILD:

NAME OF PARENT/GUARDIAN:

TITLE:

ADDRESS:

POSTCODE:

TELEPHONE NUMBER:

MOBILE NUMBER:

EMERGENCY CONTACT NUMBER:

D.O.B:

DATE OF REGISTRATION:

CLASS ATTENDED:

ANY KNOWN ALLERGIES/MEDICAL CONDITIONS:

ANY OTHER USEFUL INFORMATION:

**I GIVE PERMISSION FOR MY CHILD TO BE INCLUDED IN SCHOOL
SHOW VIDEOS AND PHOTOGRAPHS USED FOR THE SCHOOL
WEBSITE AND LOCAL NEWS ARTICLES: (PLEASE SIGN)**

**PLEASE TICK TO INDICATE THAT YOU HAVE RECEIVED AND
UNDERSTOOD THE WELCOME PACK INCLUDING:**

WELCOME LETTER

ADMINISTRATION LETTER

BEHAVIOUR POLICY

SIGNATURE OF PARENT/GUARDIAN: